

Idaho Council on Developmental Disabilities

Five-Year (2007-2011) State Plan Survey

The Idaho Council on Developmental Disabilities works for and with Idahoans with developmental disabilities to help them improve their lives by building services and supports so they can live independent, responsible lives as part of their community.

To do this, **we need your help.** Please tell us what is important to people with developmental disabilities and their family members. Your answers will help guide our work over the next five years. **Please submit by Dec. 2, 2005.**

Thank you!

1. In which five areas should the Council work to help people with developmental disabilities in Idaho? **Circle only 5.**

- | | |
|--------------------------|-------------------------------------|
| a. Abuse, neglect issues | l. Housing |
| b. Access to services | m. In-home Supports/Personal Care |
| c. Assistive technology | n. Legislation/Public Policy |
| d. Child care | o. Medicaid Reform |
| e. Community Inclusion | p. Public Awareness |
| f. Early Intervention | q. Self Advocacy/Self Determination |
| g. Education K-12 | r. Social/Recreational |
| h. Employment | s. Transition from high school |
| i. Family Support | t. Transportation |
| j. Guardianship | u. Other _____ |
| k. Health Care | |

2. Why should the Council work on the areas you circled above? Use the space below to tell us about your choices.

3. In supporting people with developmental disabilities and their families, what do you think Idaho is doing well?

4. What is Idaho doing that needs to be improved?

5. In your opinion what are the 3 biggest issues facing people with developmental disabilities in the next 5-10 years?

6. What needs to change to make services and supports better and more available for people with developmental disabilities in Idaho?

7. Where do you get most of your information about services for people with developmental disabilities? **Circle any that apply.**

a. Newsletters

b. Websites

c. Service Providers

d. Information fairs

e. Conferences & Workshops

f. Organizations of which I am a member

g. Public School

h. Health & Welfare

i. Vocational Rehabilitation

j. Friends, acquaintances

k. Other_____

☐ Person with a developmental disability

☐ Family member of a person with a developmental disability

☐ Service provider

☐ Other _____

- ☐ White, Caucasian
- ☐ Hispanic
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Thank you for completing the survey!

INSTRUCTIONS

To send the survey back to us, please take these green pages out of the newsletter.

Fold the survey with the mailing label (below) on the outside.

Then put a small piece of tape on the top, to close the open end.

Do not use staples.

This survey can also be completed online by going to the DD Council website at:

www.state.id.us/icdd/